

FORM PTO-1083

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GAU /1642  
\$

Docket No.: 920010.448C8

Date: July 31, 2000

RECEIVED

AUG 11 2000

In re application of: **Martin A. Cheever and Mary L. Disis**Application No.: **09/167,516**Filed: **October 6, 1998**For: **IMMUNE REACTIVITY TO HER-2/neu PROTEIN FOR DIAGNOSIS  
AND TREATMENT OF MALIGNANCIES IN WHICH THE HER-2/neu  
ONCOGENE IS ASSOCIATED**

TECH CENTER 1600/2900

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON DC 20231

Assistant Commissioner:

Transmitted herewith is an amendment and response in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under CFR 1.9 and 1.27 is enclosed.
- ☒ A Petition for an Extension of Time for four months is enclosed.
- ☐ A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.
- ☒ No additional claim fee is required.
- ☒ The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREV. PAID FOR	PRESENT EXTRA
TOTAL	* 12	MINUS	** 23	0
INDEP.	* 1	MINUS	*** 3	0
[ ] FIRST PRESENTATION OF MULTIPLE CLAIMS				
EXTENSION OF TIME FEE				
TOTAL ADDITIONAL FEE				

SMALL ENTITY	
RATE	ADDITIONAL FEE
x 9	\$
x 39	\$
+ 130	\$
	\$
	\$

OR

OTHER THAN A SMALL ENTITY	
RATE	ADDITIONAL FEE
x 18	\$ 0
x 78	\$ 0
+ 260	\$ 0
	\$ 1,360
TOTAL	\$ 1,360

OR

TOTAL

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

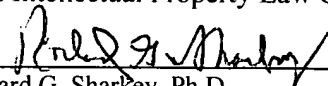
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 19-1090 in the amount of \$\_. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ **1,360** is attached.
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 19-1090. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,  
Seed Intellectual Property Law Group PLLC

  
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